



FOOD AND NUTRITION SERVICES

RECORDS 1: BENEFIT ISSUANCE

Presented by:
Barbara Shaw and Ellen Rees
Nutrition Program Specialist

Summer 2016

Department of Elementary and Secondary Education

Topics to discuss

- ❑ School Nutrition Program (SNP)
Application packet
- ❑ Determining Eligibility
- ❑ Direct Certification
- ❑ Free and Reduced Price Applications
- ❑ Benefit Issuance
- ❑ MOHealthnet
- ❑ Sharing Benefit Information



Application Packet

- Available to complete as of May 2016
- School Nutrition Website
 - <http://dese.mo.gov/financial-admin-services/food-nutrition-services>
 - Web Applications




- ☒ Food and Nutrition Services
- ☒ <http://dese.mo.gov/financial-admin-services/food-nutrition-services>
- ☒ Web Applications

The Applications menu (indicated in the light blue bar) is the starting point for all tasks related to the annual SNP application renewal process. The Application Packet contains all requirements to submit an application.

Select Application Packet.



School Nutrition Programs



[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [Security](#) | [Search](#)

[Year](#) | [Help](#) | [Log Out](#)

[Applications >](#)
School Year: YYYY-YYYY

Item	Description
Application Packet	Applications and Agreement Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Food Safety Inspections	Number of Food Safety Inspections by Site
Food Safety Inspections Summary	Number of Food Safety Inspections by Site Summary
Annual Audits	Annual Audits (to be completed by Non-Public and Non-Public RCCIs)
FFVP Grants	Fresh Fruit and Vegetable Grants
Fresh Fruit and Vegetable Grant Overview	Fresh Fruit and Vegetable Grant Overview
Financial Report	School Food Annual Revenues and Expenditures Report
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Building Enrollment	Building Enrollment and Eligibility by Site
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision

1



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IMPORTANT NOTICE:

- Inactive Account** - Received an email concerning your inactive account? If so, please click [HERE](#) for more information.
- All Systems** - The use of Internet Explorer 7.0 or higher with both JavaScript and cookies enabled is strongly recommended. Please refer to the 'Browser Technical Notes' in the left navigation for additional details.
- Food and Nutrition Services** - USER MANAGERS - The Food and Nutrition Services applications are only allowed one Authorized Representative.

If you already have a User Name, enter it below. Click [LogIn]

User Name:

Password:

Login

To view information available to the general public, Click [View Public Applications]

View Public Applications

If you do not have a user name and password, Click [Register]

Register

Select Food and Nutrition Services from the DESE Web Applications Menu.

2



User Applications

DESE Web Applications

- ▶ Annual Report of the County Clerk to the State Board of Education
- ▶ ARRA
- ▶ Educator Certification System
- ▶ Educator Certification System - Request Educator Access
- ▶ ePeGS
- ▶ Food and Nutrition Services
- ▶ Missouri Comprehensive Data System (MCDS)
- ▶ Nonpublic Registration Form
- ▶ School Finance

Report

- ▶ Report Menu -- All data and/or reports are now available through the Missouri Comprehensive Data System (MCDS) Portal.

User Information

- ▶ Change Password

3

ation renewal process, click the Applications tab.

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search

Year

Welcome to the School Nutrition Programs



LEAs with more than one building must complete the "On-Site School Review" for each building participating in the NSLP. This form should be completed prior to February of each year and kept on file at the LEA.
<http://dese.mo.gov/sites/default/files/On%20Site%20School%20Review%20Form.pdf>

The Applications menu (including the annual SNP application requirements to submit an

4

starting point for all tasks related to the Application Packet contains all

Select Application Packet.

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search

Year

Help

Log Out

Applications >

School Year: YYYY-YYYY

Item	Description
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Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision

Web Applications

School Nutrition Programs



[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [Security](#) | [Search](#)

[Year](#) | [Help](#) | [Log Out](#)


[Applications](#) > [Application Packet](#) >

School Year: 2014 - 2015

YYYY-YYYY **Application Packet**

000-000
ABC School
Address

Packet Assigned To: unassigned



Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Pending Validation
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary		No checklist items
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer	0	5	0	0	0	0	5

[< Back](#)

[Submit for Approval](#)

[Approve](#)

[Return](#)

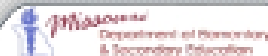
[Deny](#)

[Withdraw Packet](#)

[Show Packet History](#)



School Nutrition Programs



Applications | Claims | Compliance | Reports | Security | Search

Year | Help | Log Out

Applications > Application Packet >

School Year: 2014 - 2015

[VIEW](#) | [MODIFY](#) | [DELETE](#) | [INTERNAL USE ONLY](#)

[Show Changes](#)

YYYY-YYYY : SNP LEA Application

000-000
ABC School District
Address

Section A - LEA Type

1. Type of agency: Public

Dates of Operation for Regular Term

2. Opening Date: (mm/dd/yyyy) Closing Date: (mm/dd/yyyy)

Authorized Representative

3. Name: Salutation: First Name: Last Name:
4. Email Address:
5. Phone: (538) 455-8901 Ext: 3301 Fax: (538) 455-8991
6. Title: Food Service Director

Street Address

7. Address: 303 KUHL AVENUE
8. City: WARRENTON
9. State: MO Zip: 97146
10. County: WARREN (109)

Mailing Address

☐ Same as the Authorized Representative Street Address

11. Address: 303 KUHL AVENUE
12. P.O. Box:
13. City: WARRENTON
14. State: MO Zip: 97146

* Note: All correspondence will be sent to the Authorized Representative.

Food Service Director (FSD) / Manager

☐ Same as the Authorized Representative

15. Name: Salutation: First Name: Last Name:
16. Email Address:
17. Phone: (538) 455-8901 Ext: 3301 Fax: (538) 455-8991

☒ Start date

☒ Authorized Representative
☒ Address

☒ Food Service Director
☒ Address



Determining Official

30. Job title:

Hearing Official

31. Job title:
(Hearing Official must be in a position higher than the Determining Official)

Food Service Personnel

32. Number of Food Service Employees:

Civil Rights Training

Civil rights training is an annual requirement.

33. Was annual civil rights training provided for the prior school year? ☐ Yes ☐ No

Eligibility Information

34. Will the prototype Application for Free and Reduced Price Meals provided by SPS be used? ☒ Yes ☐ No ☐ N/A

If no, submit a copy of your application to SPS for approval prior to use.

35. What is the student population type?

36. What documentation is used to qualify day students for free and reduced price meals? (Check all that apply.)

- ☐ N/A (residential only)
- ☒ Free and Reduced Price Application
- ☒ Direct Certification
- ☒ Homeless Liaison
- ☐ None (all day students claimed at paid rate)
- ☐ Other

If Other, please describe:

37. Will any of your buildings be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program? ☐ Yes ☐ No

Severe Need Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2012 - 2013)

Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra \$.02 reimbursement rate
195,919	37,086	325,495	71.23 %	Yes

Food Service Management Company (FSMC)

38. Will the LEA contract with a FSMC (includes onsite management or vendored/catered services)? ☐ Yes ☒ No

If Yes, complete the Food Service Management Company Fact Sheet and enter contact information below.

LEA Contact for FSMC Contract (Must be an LEA employee)

☐ Same as Authorized Representative

☒ Determining & Hearing Officials

☒ Eligibility information



Determining Official

30. Job title:

Hearing Official

31. Job title:
(Hearing Official must be in a position higher than the Determining Official)

Food Service Personnel

32. Number of Food Service Employees:

Civil Rights Training

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If no, submit a copy of your application to SPS for approval prior to use.

☒ Yes ☐ No ☐ N/A

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36. What documentation is used to qualify day students for free and reduced price meals?
(Check all that apply.)

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Food Service Management Company (FSMC)

38. Will the LEA contract with a FSMC (includes onsite management or vendored/catered services)? ☐ Yes ☒ No
If Yes, complete the Food Service Management Company Fact Sheet and enter contact information below.

LEA Contact for FSMC Contract (Must be an LEA employee)

☐ Same as Authorized Representative

☒ Civil Rights training

* Must attach either attendance sheet or a copy of your training materials from previous SY under the "checklist summary" on the application packet menu.



LEAs must complete a Building Application for each participating building.

Click on School Nutrition Program.

School Nutrition Programs

[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [Security](#) | [Search](#)



[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Application Packet > School Year: YYYY-YYYY

YYYY-YYYY **Application Packet**

000-000
ABC School District
Address

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Pending Validation
Details	✓ Meal Pattern Compliance Dashboard		Approved
Details	Checklist Summary		No checklist items
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	4	0	0	0	0	4
Seamless Summer	0	0	0	0	0	0	0

[< Back](#) | [Submit for Approval](#) | [Approve](#) | [Return](#) | [Deny](#) | [Withdraw Packet](#)


[Show Packet History](#)



SNP Building Application

YYYY-YYYY **Application Packet - SNP Building List**

000-000
ABC School
Address



Action	Bldg ID / Bldg Name	Meal Count Ctr	Prep Ctr	LUN	BSC BRK	SN BRK	NAE SNK	AE SNK	SMP	FFVP	Version/ Status	% Enroll Free/Redc Oct 2010
Totals		0	0	2	1	1	0	1	0	0		
View Modify Admin	Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	X		X		X			Original / Pending Validation	57.82
View Modify Admin	Middle School	<input type="checkbox"/>	<input type="checkbox"/>	X	X						Original / Pending Validation	0.00

[Add Building Application](#)

Total Buildings Enrolled: 2

[< Back](#)

[Save](#)



Web Applications – SNP Building Application

- Building-specific questions
 - ▣ Grades at building
 - ▣ Pricing
 - ▣ Days and times of meals, etc...

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search

Applications > Application Picked > Picked Site List > SNP >

VIEW | MODIFY | DELETE | INTERVAL USE ONLY

2014 - 2015 SNP Building Application

100-003 WARREN CO. R-111 1000 WARRENTON HIGH
303 KINGS AVENUE WARRENTON, MO 63063-2196
CASSIA LUTHE
(555) 458-9901 5301
lucase@warrentonmo.k12.mo.us

Version: Original

Program Information

1. Center Type: ☐ Meal Count Center ☐ Prep Center

2. Select all that apply:

Participating Program(s) Building(s) Where Program Served

☒ A. National School Lunch Program (NSLP) 1000 WARRENTON HIGH

☐ B. School Breakfast Program (SBP) 1000 WARRENTON HIGH

☐ C. After-school Snack Program (ASP)

☐ D. Special Milk Program (SMP)

Street Address

3. Address: 303 KINGWAY

4. City: WARRENTON

5. State: MO Zip: 63063-2196

Participation Information

6. Lunches claimed for School Year (2012 - 2013) - Severs Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Severs Need Breakfast Reimb. rate
29,772	8,816	28,224	78,822	63.24%	Yes

7. Select Grades at this building: (Check all that apply.)

Head Start: ☐ 1st grade: ☐ 4th grade: ☐ 7th grade: ☐ 10th grade: ☒

Pre-Kindergarten: ☐ 2nd grade: ☐ 5th grade: ☐ 8th grade: ☐ 11th grade: ☐

Kindergarten: ☐ 3rd grade: ☐ 6th grade: ☐ 9th grade: ☐ 12th grade: ☐

Pricing Information

8. **PRICING:** Insert prices charged for each program in which this building will participate (e.g. if the full price for lunch is \$2.00, insert \$2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is \$0.40 for lunch, \$0.30 for breakfast, and \$0.15 cents for snacks.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)	Pricing	2.65	0.40	2.75
School Breakfast Program (SBP)	Pricing	1.50	0.30	1.75
After-school Snack Program (ASP)				

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

A1. A. Months of Operation: (Check all that apply.)

All: ☐ Jul: ☐ Aug: ☒ Sep: ☒ Oct: ☒ Nov: ☒ Dec: ☒

Jan: ☒ Feb: ☒ Mar: ☒ Apr: ☒ May: ☒ Jun: ☐

B. Days of the week meals are served and claimed for reimbursement: (Check all that apply.)

Mon-Fri: ☐ Mon: ☒ Tue: ☒ Wed: ☒ Thu: ☒ Fri: ☒ Sat: ☐ Sun: ☐

A2. Meal Service Times

Begin Time: 10 AM :30 End Time: 12 Noon :30

A3. Will Offer versus Serve (OVS) be implemented for Lunch? ☒ Yes ☐ No

A4. A. Menu Planning Option - Lunch: [New Food Based Menu Planning]

If using Assisted Nutrient Standard Menu Planning, send sample menus to SPS for approval.

A5. Have your meal counting and claiming procedures been revised? ☐ Yes ☒ No

If Yes, send a copy of Methods of Collection and Meal Counting form to SPS for Review.

Section B - SCHOOL BREAKFAST PROGRAM (SBP)

B1. A. Months of Operation: (Check all that apply.)

All: ☐ Jul: ☐ Aug: ☒ Sep: ☒ Oct: ☒ Nov: ☒ Dec: ☒

Jan: ☒ Feb: ☒ Mar: ☒ Apr: ☒ May: ☒ Jun: ☐

B. Days of the week meals are served and claimed for reimbursement: (Check all that apply.)

Mon-Fri: ☐ Mon: ☒ Tue: ☒ Wed: ☒ Thu: ☒ Fri: ☒ Sat: ☐ Sun: ☐

B2. Meal Service Times

Begin Time: 7 AM :00 End Time: 7 AM :30

B3. Will Offer versus Serve (OVS) be implemented for Breakfast? ☒ Yes ☐ No

B4. A. Menu Planning Option - Breakfast: [New Food Based Menu Planning]



SNP Building Application

Select the Program(s) in which the building will be participating.

Select Building Where Program Served.

Click Save and Continue when finished.

000-000
ABC School District
Address

0000
Elementary School
Address

Version: Original

Program Information

1. Center Type: ☒ Meal Count Center ☒ Prep Center

2. Select all that apply:

Participating Program(s)

☒ A. National School Lunch Program (NSLP)

☒ B. School Breakfast Program (SBP)

☐ C. Afterschool Snack Program (ASP)

☐ D. Special Milk Program (SMP)

Building(s) Where Program Served

0000 Elementary School

0000 Elementary School

< Back Save and Continue

VIEW | MODIFY

Three green arrows point to the 'Participating Program(s)' section, the 'Building(s) Where Program Served' dropdowns, and the 'Save and Continue' button.




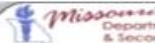
Checklist Summary


The next item to complete is the Checklist Summary.

If you have checklist items you will see a red arrow next to Checklist Summary. If there are no checklist items it will say "No Checklist Items".

Click on Details to view the Checklist items.



School Nutrition Programs 

Applications | Claims | Compliance | Reports | Security | Search  Programs | Year | Help | Log Out

Applications > Application Packet > School Year: YYY-YYY

YYYY-YYYY **Application Packet**

000-000
ABC School District
Address

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Pending Validation
Details	✓ Meal Pattern Compliance Dashboard		Approved
Details	Checklist Summary		No checklist items
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	4	0	0	0	0	4
Seamless Summer	0	0	0	0	0	0	0


< Back | Submit for Approval | Approve | Return | Deny | Withdraw Packet


Show Packet History



Food Service Management Company

If the LEA contracts with a Food Service Management Company (FSMC), the FSMC contract information is required as part of the Application Packet. Select the Details link for FSMC



School Nutrition Programs  Missouri Department of Elementary & Secondary Education

Applications | Claims | Compliance | Reports | Security | Search Programs | Year | Help | Log Out

SNP Status Report > Application Packet > School Year: YYY-YYY

YYYY-YYYY **Application Packet**

000-000
ABC School
Address

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Not Submitted
Details	➔ FSMC Contract Information		Pending Approval
Details	✓ Meal Pattern Compliance Dashboard		Approved
Details	➔ Checklist Summary (1)		Not Submitted
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	2	0	0	0	0	2
Seamless Summer	0	0	0	0	0	0	0

< Back Submit for Approval Approve Return Deny Withdraw Packet

Show Packet History



SNP Building Application

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

SNP Status Report > Application Packet > School Year: YYYY-YYYY

YYYY-YYYY **Application Packet**

000-000
ABC School District
Address

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Not Submitted
Details	✓ Meal Pattern Compliance Dashboard		Approved
Details	➔ Checklist Summary (1)		Pending Approval
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	1	0	0	0	0	1
Seamless Summer	0	0	0	0	0	0	0

< Back Submit for Approval Approve Return Deny Withdraw Packet

Show Packet History

- ✓ Once all items have been saved without errors, the Submit for Approval button will be available.
- ✓ Click the Submit for Approval button. Once approved by FNS you will be able to complete claims.





Eligibility

Eligibility

Determining Official

- An LEA official responsible for determining children's eligibility for free or reduced price benefits.



Eligibility

- Categorical Eligibility- Children automatically eligible for free meals or free milk (Special Milk Program) because they, or any household member, receive benefits under Assistance Programs; or they are designated as members of Other Source Categorical Eligible Programs.
 - Participate in Assistance Programs
 - Other Source Categorically Eligible



Categorical Eligibility

Assistance Programs

- SNAP (Supplemental Nutrition Assistance Program)
 - *Food Stamps*
- TANF (Temporary Assistance for Needy Families)
 - *Temporary Assistance*
- FDPIR (Food Distribution Program on Indian Reservations)



Other Source Categorically Eligible

- A child is documented as meeting the applicable definition as:
 - Homeless, runaway, or migrant
 - Foster child; or
 - Enrolled in a federally-funded Head Start or comparable State-funded Head Start or pre-kindergarten program



Other Source Categorically Eligible

Other Source Categorically Eligible	Does Student Automatically Receive Free Benefits?	Are Benefits Extended?	Is Student Included As A Household Member ?
Foster	Y E S	N O	Y E S
Homeless, Runaway			
Migrant			
Head Start Program			



Other Source Categorically Eligible

Category	Description	Supporting Documentation
Foster	A child who is formally placed by a court or a State child welfare agency through which the State retains legal custody of the child	Direct Certification List, List or letter from Dept. of Social Services, or Household Application
Homeless, Runaway	A child lacking a fixed, regular, and adequate nighttime residence or receiving assistance under the Runaway & Homeless Youth Act	List or letter with child's name, effective dates and signature of homeless liaison or designated official
Migrant	A child who is enrolled in the Migrant Education Program (MEP)	List or letter with signature of MEP official or educational liaison
Head Start	Federal Head Start or other State-funded pre-kindergarten program	Statement of child's enrollment or list of children enrolled in Head Start

Other Eligibility

Category	Description	Supporting Documentation
Non-applicant approved by local officials	Local officials may complete an application on behalf of the child based on the best household size and income information or Other Source Categorical Eligibility status known to the official	Completed application noting the source of the information. <i>Names of household members, SSN, and household member signature are not required.</i>
Student extended benefits from other household member	Children who are part of a household where any one member receives benefits from an Assistance Program (SNAP, TANF, FDPIR)	Application with a Case #; Application with a student who is a SNAP/TANF match on the DC List; Information from parent that child is part of a household with a student who is a SNAP/TANF match on the DC list; School district enrollment records

Extending Eligibility through Assistance Programs

Attachment H

Extending Categorical Eligibility to Additional Children in a Household

This form should be used by a Local Education Agency (LEA) to document the extension of free meal/milk benefits to all children in the same household due to the receipt of SNAP/TANF/FDPIR.

Receipt of SNAP/TANF/FDPIR benefits by any household member (adult or child) provides free meal/milk benefits to all children within the household under rules by the USDA for categorically eligible benefits. The LEA, to the extent possible, must extend eligibility for free meals to all children in what would be considered a household.


Please include all of the information identified below. Such documentation must be maintained to support the Claim for Reimbursement and must be maintained for three years plus the current year.

Name of Household Member Receiving SNAP/TANF/FDPIR Benefits: _____

Benefit provided: ☐ Direct Certification or ☐ Application

Date of Documentation: _____

Type of Documentation: ☐ Enrollment Records of the School
☐ Household Contact
☐ Other (Please identify): _____

 The child(ren) list below is/are member of the household and free meal or milk benefits will be extended to them.

Name of Child	School Attending
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Signature of Determining Official

Date

- ❑ *Extending Categorical Eligibility to Additional Children in a Household*
- ❑ “Free and Reduced Price Application & Direct Certification” handbook
 - ❑ Attachment H
 - ❑ Optional Form



Carry-over of Benefits



- For 30 operating days into the new school year, eligibility from the previous year will continue within the same LEA
- When the carry-over period ends
 - Student must pay full price unless Directly Certified or new application is approved
 - School is not required to send a reminder or notice of expired eligibility
- During the carry-over period, categorical eligibility is **extended to any newly enrolled children** who are members of a household with one or more members who were directly certified under Assistance Programs (SNAP, TANF, FDPIR)





Direct Certification

Direct Certification Eligibility

Determining children eligible for free benefits based on documentation obtained directly from appropriate State or local agencies or other authorized individuals

□ Methods

- Automated data matching-an agreement with Missouri DSS to obtain a computerized listing of all children in Missouri
- List or other forms provided directly from the appropriate State or local agency administering the assistance program.

□ Direct Certification for

- Assistance Programs
- Other Source Categorically Eligible



Direct Certification Download

- Mandatory for all LEAs and must be downloaded three (3) times per school year
 - July/August, October, and January
- Available weekly for download
 - Strongly recommended to download at least monthly
- Retain all downloads that resulted in matches
- Students free through direct certification are considered eligible for the entire school year and are excluded from Verification



Direct Certification for CEP

How often are LEAs operating CEP required to run direct certification? SP 45-2015

- Not required to run DC at a specific frequency
- Recommended to conduct as of April 1 to determining changes in the identified student percentage
- Determine eligibility for individual students transferring to a non-CEP site between school years



Direct Certification-Public LEAs

- Public Schools use MOSIS
- Match – Direct Certification Lookup Report
 - 94% Match Rate between MOSIS ID System and Department of Social Services
- Near Match – Direct Certification Lookup Report Near Match Students
 - 88-93% Match Rate
 - Districts should review this list to determine if the students are a match for your district



MOSIS Process Resources

Direct Certification

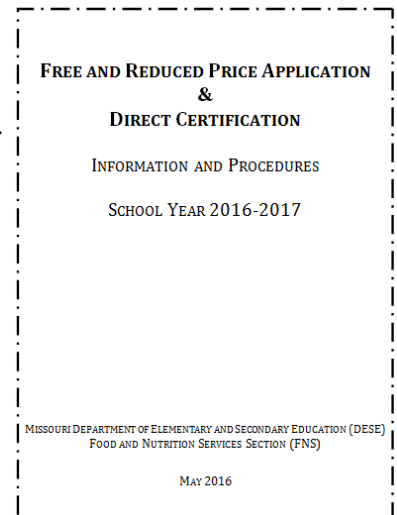
MOSIS Process for School Districts

September 2015



- “Free and Reduced Price Application & Direct Certification” Information and Procedures

- DESE FNS website →
News & Updates →
Handbooks
- Page 7



Webinar Links:

- <http://dese.mo.gov/communications/webinar/direct-certification-mosis-submission>
- http://dese.mo.gov/sites/default/files/MOSISPROCESS_0.pdf

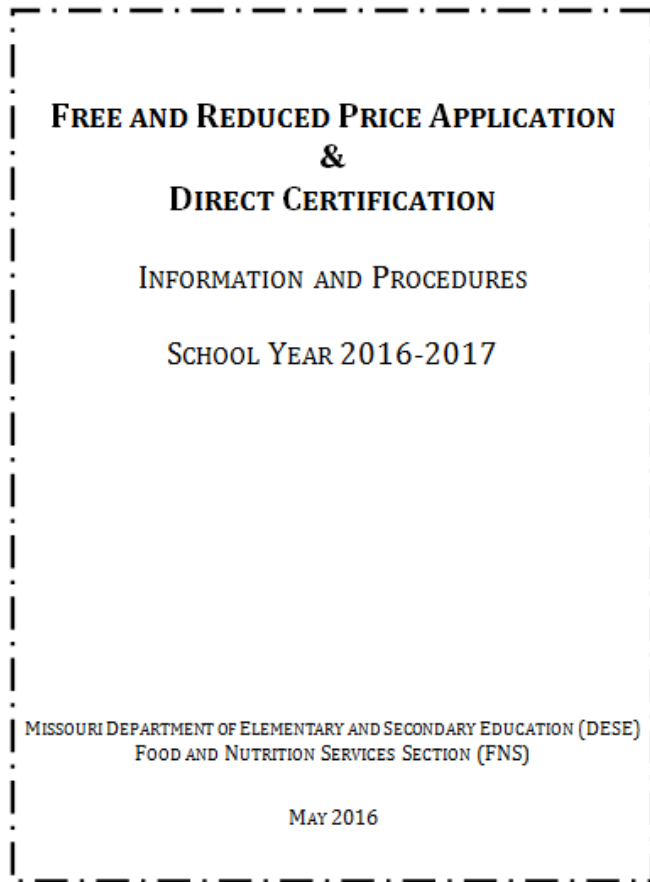


Direct Certification- Non-Public LEAs

- ❑ ZIP code list on Web Applications
- ❑ Public Schools will still have access
- ❑ Manually check against the school roster
- ❑ UPDATES COMING SOON!
 - New and improved ZIP code list will mimic the MOSIS Direct Certification file



Zip Code Process Resources



- “Free and Reduced Price Application & Direct Certification” Information and Procedures
 - DESE FNS website →
News & Updates →
Handbooks
 - Page 8




Direct Certification Eligibility

- SP 51-2014 “Eligibility Effective Date for Directly Certified Students”
- The effective date of eligibility to be the date of the automated data matching file, rather than the date the LEA accesses and processes the automated data matching file into the POS
- Implementation
 - Do so consistently for all the direct certification methods
 - Extended eligibility also applies
 - Refund any money paid by or on behalf of the student for reimbursable meals or milk during the period
 - LEA can only claim those meals or milk at the free reimbursement rate if the student is given a refund or the debt is discharged



Direct Certification Eligibility

Attachment O

 MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES - FOOD AND NUTRITION SERVICES
FLEXIBILITY NOTIFICATION: ELIGIBILITY EFFECTIVE DATE FOR DIRECTLY CERTIFIED STUDENTS

DIRECTIONS
Fax or email the completed form to: Food and Nutrition Services Section at (573) 526-3897 or email to foodandnutritionservices@desse.mo.gov
Subject Line: Flexibility Notification DC
Questions regarding this form contact (573) 751-3526 or foodandnutritionservices@desse.mo.gov

LEA AGREEMENT NUMBER	LEA NAME
<p><u>Supplemental Nutrition Assistance Program (SNAP also known as Food Stamps) and Temporary Assistance for Needy Families (TANF also known as Temporary Assistance) Students via the Direct Certification System:</u> Local Education Agencies (LEAs) may consider the effective date of eligibility for free school meal or milk benefits to be the date the automated Direct Certification (DC) data matching file is available that first identifies the student as eligible for DC, rather than the date the LEA accesses the file. This also applies to any student(s) who receive extended eligibility. The date of eligibility will always be the date Food and Nutrition Services (FNS), Department of Elementary and Secondary Education (Department), announces the new DC file has been generated and is available to the LEAs.</p> <p>Example: FNS announces a new DC file is available on 09/02. An LEA accesses the file on 9/08 and determines DC benefits for eligible students. The LEA extends eligibility to other household members of students on the DC list on 9/15. All students (those on the DC file, and those with extended eligibility) may have an effective date of 09/02 rather than the date the students were identified and processed at the LEA level.</p> <p><u>Homeless, Migrant, Runaway, Head Start, Even Start or Foster Children Directly Certified via a list:</u> LEAs may consider the effective date of eligibility for free school meal or milk benefits to be the date the LEA receives such lists, rather than the date the school official processes the documentation.</p> <p>LEAs must notify FNS, if plan to implement this flexibility. LEAs that choose this flexibility are encouraged to resolve and implement DC matches as early as possible upon receipt of appropriate documentation. If elect this flexibility, the LEA must:</p> <ul style="list-style-type: none">• Do so consistently for all DC methods;• Apply the DC effective date to all students directly certified to all participating schools and school meal programs within the LEA;• Documentation of the date the lists are available (ex: retain email from FNS regarding the date of the DC file);• If categorical eligibility is based on SNAP or TANF, extend eligibility to all children in the household; and• Refund any money paid by or on behalf of the student for reimbursable meals or milk during the period from the free meal eligibility effective date through the date the DC is actually implemented at the school, including forgiving accrued debt for any meals or milk adjusted to free due to the change in the effective date. The LEA can only claim the meals or milk at the free reimbursement rate if the student is given a refund or the debt is discharged.	

AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE TITLE	DATE
<p><small>The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities are accepted from persons with disabilities. Inquiries may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance, 7701 Truman Blvd., Suite 400, Jefferson City, MO 64501-0400. Telephone number: 271-222-4121 or TTY: 800-735-2366. email: civilrights@desse.mo.gov HCO 200-2004 (08/14)</small></p>		

- Attachment O
- Flexibility waiver must be completed



Direct Certification Download

Updates and Changes

- Match Date
 - As of January 2016 a match date of eligibility was added
- Social Security Numbers removed completely
- Addition of Foster students
- Weekly e-mails will no longer be sent out stating the DC is available-just know it is available every Monday morning

Continuous on-going efforts to help increase the mandatory SNAP match rate and benefit more students with free meal eligibility



Direct Certification Eligibility

Foster

	SNAP	TANF	FOSTER	ELIGIBILITY
1.	Y			=SNAP, TANF & FOSTER
2.	Y	N		=SNAP & FOSTER
3.	Y		N	=SNAP & TANF
4.	Y	N	N	=SNAP ONLY
5.	N	Y		=TANF & FOSTER
6.	N	Y	N	=TANF ONLY
7.	N	N	Y	=FOSTER ONLY
8.	N	N	N	=NONE

- “Y” in any column indicates free meal eligibility
- If the column is blank or “Y,” the student is eligible for that status
- Report student in category with “Y” on Verification Report



Trumping on DC Download

- SNAP trumps All categories
- TANF trumps Foster and Homeless



Extending Benefits

- Any one child or household member's receipt of benefits from an Assistance Program (SNAP, TANF, FDPIR), extends eligibility for free benefits to all children who are members of the household.
- For purposes of carryover into the new school year, eligibility must be extended to newly enrolled siblings.

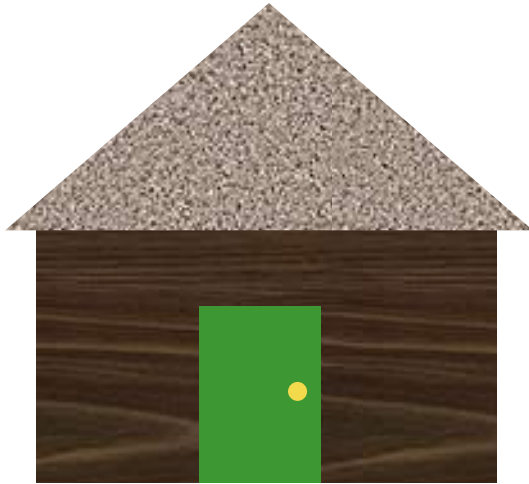


Extension of Free-DC Benefits

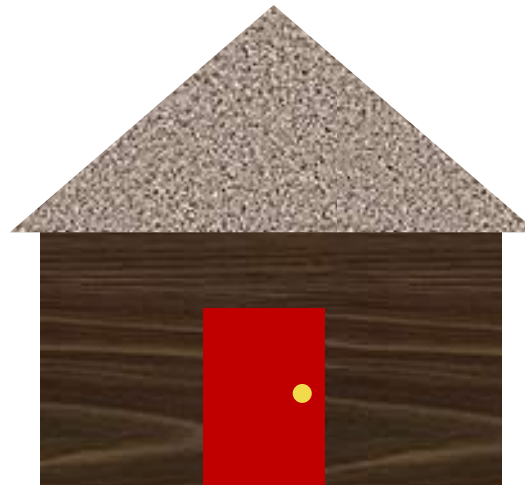
- If a child with extended eligibility moves from the household receiving Free-DC benefits to a household not receiving these benefits, that child retains free meal eligibility for the remainder of the certification period.
- Eligibility is not extended from this child to the new household
- Memo: SP 25-2010



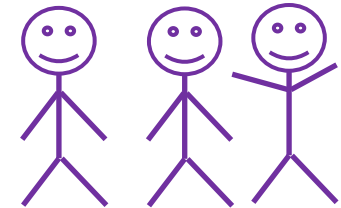
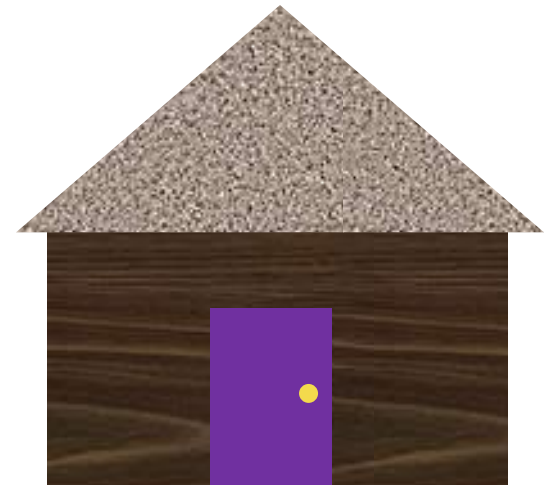
Extension of Free-DC Benefits



All students in the household are approved for Free meals for remainder of the year plus carry over



All students in the household are approved for Free meals for remainder of the year plus carry over



Student retains benefits, but benefits are not extended to the rest of the household



Extending Benefits

- If the student is **foster only or homeless only** on the Direct Certification List, the **benefits are not extended** to the rest of the household



Direct Certification Notification

- The LEA must notify the household about eligibility established through direct certification. The notification must include the following information:
 - The child is eligible for free meal benefits;
 - No further application is necessary;
 - If applicable, an explanation of extended eligibility and how to notify the LEA of any additional children in the household; and
 - How to notify the LEA if free meal benefits for directly certified children are not wanted.

Attachment C

DIRECT CERTIFICATION ELIGIBILITY NATIONAL SCHOOL LUNCH SCHOOL/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

[Name of school] is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for SNAP or a child receiving TANF can be automatically approved for free meals at schools under the National School Lunch Program and the School Breakfast Program.

Each student listed below has been approved for free meals during the 2015-2016 school year, based on his/her eligibility for SNAP or TANF.

Name of Child	Name of School


If there are other children in your household who aren't listed above, contact the school the children attend, they also qualify for free meals.

Please KEEP THIS LETTER for your records. Do not return it to the school.

If for some reason you do not want your child(ren) to receive free meals or if you have any questions, please contact your child's school immediately.

Sincerely,
[Signature]

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.nasr.usda.gov/complaint_blog.html) (PDF), found online at http://www.nasr.usda.gov/complaint_blog.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Free and Reduced Price Applications & Meal Benefit Forms

Free and Reduced Price Application Process

1. Public Release

Before school starts in the fall

2. Distribute Applications

At the beginning of the school year

3. Processing – Determine Eligibility

Immediately when possible – required within 10 operating days of receiving the application

4. Distribute Benefits

Update Benefit Issuance Document and POS immediately when possible – required within 10 operating days of receiving the app

5. Send Approval/ Denial Notice

Within 10 operating days of receiving the application

6. Maintain Applications

Accept new applications anytime throughout the school year. Retain for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audits

7. Carryover eligibility benefits

30 operating days into the following school year, or until new eligibility determination is made

The Application

- Participating local educational agencies (LEAs) must provide free and reduced price meals to eligible children in accordance with the statutory and regulatory requirements.
- Handbooks are available at <http://dese.mo.gov/financial-admin-services/food-nutrition-services/handbooks>
 - Free and Reduced Application and Direct Certification Information and Procedures
 - Updated on a yearly basis
 - Application and approved forms
 - Eligibility Manual for School Meals



Public Outreach Requirements

- A **Public Release** is a required notification to the public that free and reduced price meals are available for all schools operating NSLP and free milk is available for all schools operating SMP.
- Income Eligibility Guidelines (IEG) for free as well as reduced
- Strongly suggested for schools operating NSLP Provisions



Public Release

PUBLIC RELEASE

Attachment F

[Date]

[Local Education Agency] announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$15,301	\$1,276	\$295	\$21,775	\$1,815	\$419
2	20,709	1,726	399	29,471	2,456	567
3	26,117	2,177	503	37,167	3,098	715
4	31,525	2,628	607	44,863	3,739	863
5	36,933	3,078	711	52,559	4,380	1,011
6	42,341	3,529	815	60,255	5,022	1,159
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
Each additional member	+ 5,408	+ 451	+ 104	+ 7,696	+ 642	+ 148

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Households will be notified of their child(ren)'s eligibility status for free or reduced price meals. If any children were not listed on the eligibility notice for families receiving SNAP, TANF or FDIPIR, the household should contact the school to have free meal benefits extended to those children.

If any child(ren) was not listed on the eligibility notice, the household should contact the LEA or school to have free meal benefits extended to that child(ren).

Under the provisions of the policy, the [Title of Determining Official] will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the [Title of Hearing Official].

Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, regional, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF) found online at http://www.ascr.usda.gov/complaint_filing_guid.html or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

- Must be provided to the following:
 - Local News
 - Unemployment office
 - Major employers who are contemplating large layoffs in the area

Attachment F



Distribute Applications

- Beginning of the year (*July-August*)
- Distribute: by the postal service, email, or included in the information packet provided to students
- Include the following documents:
 - Letter to Parents (Attachment B)
 - Application Instructions (Attachment D)
 - 2016-2017 Application for Free and Reduced Price School Meals (Attachment E)
 - MO HealthNet Request for Information (Attachment L)



Limited English Proficiency (LEP)

- Required to take reasonable steps to ensure access to school meals for eligible students from households with identified LEP individuals.
- The school is responsible for ensuring that applications and other household materials are available in a language the LEP individual can understand.

- ✓ You can find applications in 33 different languages on USDA's website
- ✓ Link on page 22 in the Eligibility Manual
- ✓ USDA Memo SP 37-2016 Q&A



Complete one application per household. Please use a pen (not a pencil).

Attachment E

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Homeless
Foster, Migrant,
Child, Runaway

Group	Runway

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:** _____ Write only one case number in this space.

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Check if no SSN ☐**Contact information and adult signature**

Today's date

Date: _____

INSTRUCTIONS Sources of Income

<i>Sources of Income for Children</i>		<i>Sources of Income for Adults</i>		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Child support payments - Veteran's benefits - Strike benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (566) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Meal Application Instructions

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [\[School/school district contact here; phone and email preferred\]](#).

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.			
Who should I list here? When filling out this section, please include ALL members in your household who are: <ul style="list-style-type: none">Children age 18 or under AND are supported with the household's income;In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;Students attending [building name/grade here], regardless of age.			
List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?			
If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals: <ul style="list-style-type: none">The Supplemental Nutrition Assistance Program (SNAP)Temporary Assistance for Needy Families (TANF)The Food Distribution Program on Indian Reservations (FDPIR).			
If no one in your household participates in any of the above listed programs: <ul style="list-style-type: none">Leave STEP 2 blank and go to STEP 3.	If anyone in your household participates in any of the above listed programs: <ul style="list-style-type: none">Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 [local agency contacts here].Go to STEP 4.		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
How do I report my income? <ul style="list-style-type: none">Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.Gross income is the total income received before taxes.Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income reported is the total income received before taxes, insurance premiums, or any other amounts taken from your pay.			

Attachment D

Attachment D

❑ **MUST be included**
when sending the
application.

<ul style="list-style-type: none">Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.Mark how often each type of income is received using the check boxes to the right of each field.			
3.A. REPORT INCOME EARNED BY CHILDREN			
A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.			
What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.			
3.B. REPORT INCOME EARNED BY ADULTS			
Who should I list here? <ul style="list-style-type: none">When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u>.Do NOT include:<ul style="list-style-type: none">People who live with you but are not supported by your household's income AND do not contribute income to your household.Infants, Children and students already listed in STEP 1.			
household members' names. Enter the name of each household member in the boxes marked "Names of household members (First and last name)." Do not list any household members listed in STEP 1. If a child is listed in STEP 1, follow the instructions in STEP 3, part A.	Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.	Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.	
Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.	Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."	
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.			
Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."	Write today's date. In the space provided, write today's date in the box.	Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

❑ **Only 2 pages this year.**

The Meal Application

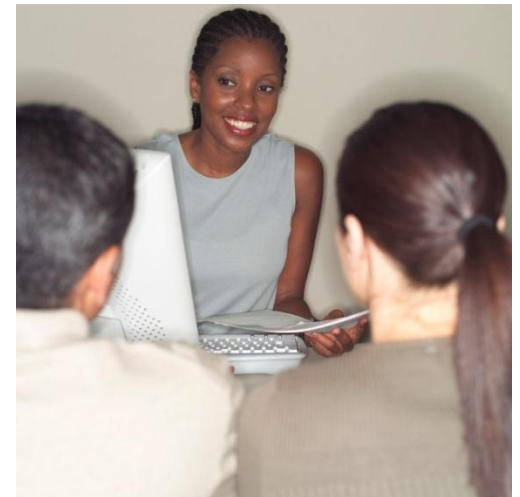
It is important to remember:

- Parents have a right to not have their children receive free meals.
- Free and reduced price applications should be distributed because although eligible, some families do not apply for Food Stamps or Temporary Assistance.
- Overt Identification



Processing Meal Applications

- Memo SP 11-2014
 - A school could establish the date of submission of an application as the effective date of eligibility, rather than the date the official approves it.
 - Application must be complete and contain all required information
 - Must notify the State Agency
 - On the methods of collection form



Processing Meal Applications

- Application must be complete with all required information before processing
- Determining official may not complete the application for the household using information derived from other records available to the school
- Make reasonable efforts to contact the household in order to obtain or clarify required information
 - Phone, email or return application
 - Applications missing signature must be returned



Processing Meal Applications

Eligibility based on.....

- Income
- No Income
- Other Source Categorically Eligible
- Mixed households
 - The LEA must have a method to process different eligibility statuses that may result from these applications



Processing Meal Applications

Eligibility based on Income

- A complete application provides the following:
 - Names of all children for whom the application is made
 - Names of all household members
 - Income and frequency for each household member
 - **Social Security Number** for adult completing the application
 - **Signature** for adult completing application



2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil)

Income Application Example

Attachment E

LEA (LEA use only)

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

LEONARD

MARX

Huxley High

11

ARTHUR

MARX

Huxley High

9

JULIUS

MARX

Huxley Middle

7

MILTON

MARX

Huxley Elem.

5

HERBERT

MARX

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Minnie Marx

Samuel Marx

Total Household Members (Children and Adults)

7

Earnings from Work

How often?

Weekly Bi-Weekly 2x Month Monthly

\$ 575

\$ 600

\$

Public Assistance/
Child Support/Alimony

How often?

Weekly Bi-Weekly 2x Month Monthly

\$

\$

\$

Pensions/Retirement/
All Other Income

How often?

Weekly Bi-Weekly 2x Month Monthly

\$

\$

\$

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.

X X X X

X X 5555

Check if no SSN

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Samuel Marx

Printed name of adult completing the form

Signature of adult completing the form

Today's date

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

Processing Applications

Eligibility based on “no income”

- Request that applicants write a zero when there is no income
- Any member income field left blank is a positive indication that there is no income and considered complete



Complete one application per household. Please use a pen (not a pencil).

EA use only

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

LEONARD

MARX

Huxley High

11

ARTHUR

MARX

Huxley High

9

JULIUS

MARX

Huxley Middle

7

MILTON

MARX

Huxley Elem.

5

HERBERT

MARX

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work

How often?

Weekly Bi-Weekly 2x Month Monthly

Public Assistance/
Child Support/Alimony

How often?

Weekly Bi-Weekly 2x Month Monthly

Pensions/Retirement/
All Other Income

How often?

Weekly Bi-Weekly 2x Month Monthly

Minnie Marx

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

Samuel Marx

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

\$

Weekly Bi-Weekly 2x Month Monthly

Total Household Members
(Children and Adults)

7

Last four digit of Social Security Number (SSN) of
primary wage earner or other adult household member.

X X X X

X X

5 5 5 5

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Samuel Marx

Signature of adult completing the form

Today's date

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ YearEligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

Processing Meal Applications

Categorically Eligible through Assistance Programs

- Must be a complete application and provide:
 - Names of the children for whom the application is made
 - SNAP, FDPIR or TANF case number, or other FDPIR identifier, for the child(ren) or for any household member listed on the application; and
 - Signature of an adult household member
- Case number provided must be consistent in format used by the Assistance Program
 - A SNAP/TANF number is a ten digit number and the first two digits are currently “00”; also referred to household Department Case Number (DCN). A 16 digit EBT card number is NOT acceptable.



STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

LEONARD

MARX

Huxley High

11

ARTHUR

MARX

Huxley High

9

JULIUS

MARX

Huxley Middle

7

MILTON

MARX

Huxley Elem.

5

HERBERT

MARX

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: 0012345678 Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work

How often?

Weekly Bi-Weekly 2x Month Monthly

Public Assistance/
Child Support/Alimony

How often?

Weekly Bi-Weekly 2x Month Monthly

Pensions/Retirement/
All Other Income

How often?

Weekly Bi-Weekly 2x Month Monthly

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Total Household Members
(Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.

X X X X

X X

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Samuel Marx

Printed name of adult completing the form

Signature of adult completing the form

Today's date

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Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: Date withdrawn:

Determining Official's Signature: Date Approved/Denied:

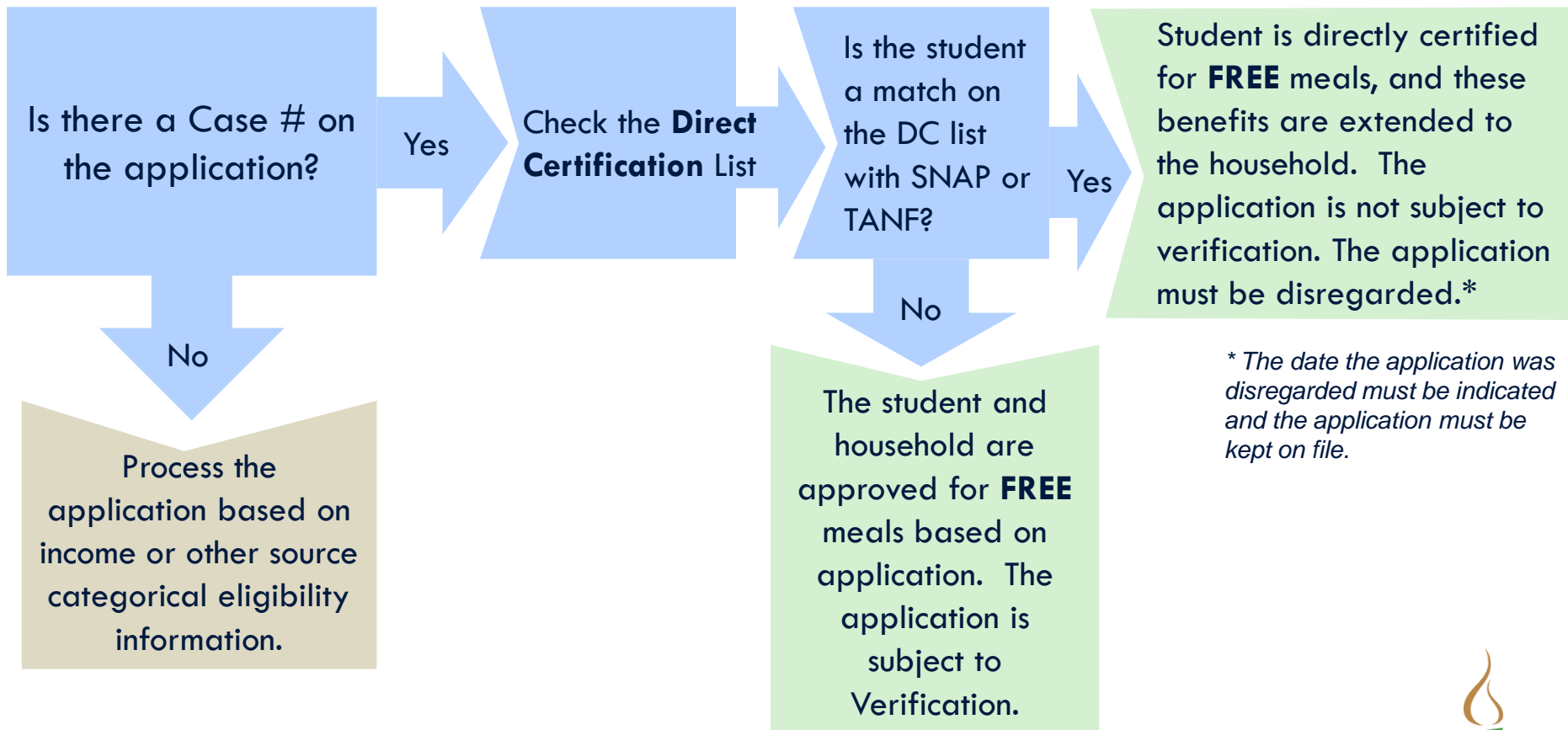
Confirming Official's Signature (For verification purposes only): Date:

Processing Meal Applications

- ❑ Encouraged to review the direct certification list to determine whether any of the applications with case numbers can be matched with children on the DC list with SNAP or TANF benefits
- ❑ If matched, the application should be disregarded and categorical eligibility must be applied to all children in the household
- ❑ SP 25-2010



Processing Meal Applications



Processing Meal Applications

Other Source Categorically Eligible (except Foster)

- Homeless, migrant, or runaway
- Check appropriate box for each category
- Must be a complete application
- Eligibility must be determined individually
 - Mixed households
- Determined eligible for free benefits when the LEA documents the child's status with appropriate program officials through contact with the program liaisons



Other Source Categorical Eligible (except for Foster)

Application Example

STEP 1

List ALL Household Members

(Continue on another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

LEONARD

MARX

Huxley High

11

X

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs?

FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income for each child in STEP 1 here.

Child income

\$

How often?

☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) in whole dollars only. If they do not receive income from any source, leave blank.

For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, leave blank. You are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

How often?

Public Assistance/
Child Support/Alimony
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly
Pensions/Retirement/
All Other Income
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

Name of Adult Household Members (First and Last)

How often?

Public Assistance/
Child Support/Alimony
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly
Pensions/Retirement/
All Other Income
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All Other Income
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Public Assistance/
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Pensions/Retirement/
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Pensions/Retirement/
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Pensions/Retirement/
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Pensions/Retirement/
All Other Income
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Name of Adult Household Members (First and Last)

How often?

Public Assistance/
Child Support/Alimony
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly
Pensions/Retirement/
All Other Income
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Name of Adult Household Members (First and Last)

How often?

Public Assistance/
Child Support/Alimony
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly
Pensions/Retirement/
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How often?

Public Assistance/
Child Support/Alimony
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All Other Income
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

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How often?

Public Assistance/
Child Support/Alimony
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Pensions/Retirement/
All Other Income
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How often?

Public Assistance/
Child Support/Alimony
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How often?

Public Assistance/
Child Support/Alimony
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly
Pensions/Retirement/
All Other Income
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

**Not automatically approved for free benefits.
Must have official documentation!**

STEP 4

Contact information

Adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Samuel Marx

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Determining Official's Signature: Date Approved/Denied:

Confirming Official's Signature (For verification purposes only): Date:

Processing Meal Applications

Other Source Categorically Eligible- Foster

- Appropriate box must be checked to identify the child's status
- Must be a complete application
- Foster child income must be reported
- Eligibility must be determined individually for benefits
 - Mixed household
- Foster status does not required confirmation of eligibility status prior to receiving benefits



STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

L E O N A R D

M A R X

Huxley High

11

X

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____ Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work

How often?

Weekly Bi-Weekly 2x Month Monthly

Public Assistance/
Child Support/Alimony

How often?

Weekly Bi-Weekly 2x Month Monthly

Pensions/Retirement/
All Other Income

How often?

Weekly Bi-Weekly 2x Month Monthly

\$

\$

\$

Total Household Members
(Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.

X X X X

X X

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Samuel Marx

Signature of adult completing the form

Today's date

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

Processing Meal Applications

Mixed household

- ❑ Other Source Categorically Eligibility (OSCE) has been determined
- ❑ Use the household's income and size, which includes the OSCE children, to determine if the non-categorically eligible children are eligible for benefits
- ❑ OSCE children income will be included to determine benefits for non-categorically eligible
- ❑ Must be a complete application
- ❑ OSCE benefit is NOT extended to non-categorically eligible children



Complete one application per household. Please use a pen (not a pencil).

LEA (LEA use only)

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Building Name

Grade

Homeless
Foster, Migrant,
Child, Runaway

LEONARD

MARX

Huxley High

11

X

ARTHUR

MARX

Huxley High

9

JULIUS

MARX

Huxley Middle

7

MILTON

MARX

Huxley Elem.

5

HERBERT

MARX

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work

How often?

Weekly Bi-Weekly 2x Month Monthly

Public Assistance/
Child Support/Alimony

How often?

Weekly Bi-Weekly 2x Month Monthly

Pensions/Retirement/
All Other Income

How often?

Weekly Bi-Weekly 2x Month Monthly

Minnie Marx

\$

575

X O O O

\$

000

O O O O

\$

000

O O O O

Samuel Marx

\$

1000

O X O O

\$

000

O O O O

\$

000

O O O O

Total Household Members
(Children and Adults)

7

Last four digit of Social Security Number (SSN) of
primary wage earner or other adult household member.

X X X X

X X

5555

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Samuel Marx

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ YearEligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

Income Eligibility Guidelines

Attachment P

INCOME ELIGIBILITY GUIDELINES
(EFFECTIVE JULY 1, 2016 THROUGH JUNE 30, 2017)

	FREE MEALS - 130%					REDUCED PRICE MEALS - 185%				
Household Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$15,444	\$1,287	\$297	\$594	\$644	\$21,978	\$1,832	\$423	\$846	\$916
2	20,826	1,736	401	801	868	29,637	2,470	570	1,140	1,235
3	26,208	2,184	504	1,008	1,092	37,296	3,108	718	1,435	1,554
4	31,590	2,633	608	1,215	1,317	44,955	3,747	865	1,730	1,874
5	36,972	3,081	711	1,422	1,541	52,614	4,385	1,012	2,024	2,193
6	42,354	3,530	815	1,629	1,765	60,273	5,023	1,160	2,319	2,512
7	47,749	3,980	919	1,837	1,990	67,951	5,663	1,307	2,614	2,832
8	53,157	4,430	1,023	2,045	2,215	75,647	6,304	1,455	2,910	3,152
For each add'l person, add	+ 5,408	+ 451	+ 104	+ 208	+ 226	+ 7,696	+ 642	+ 148	+ 296	+ 321

Processing Meal Applications

□ Income Reporting

▣ Frequency

- Income from a variety of sources which are paid on different schedules

▣ Conversions

- Multiple income sources with more than one frequency, the LEA must annualize

Frequency	Conversion
Weekly	X 52
Bi-weekly	X 26
Two times a month	X 24
Monthly	X 12



Processing The Application

Bottom section of application needs to be completed and signed by the Determining Official of the LEA

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

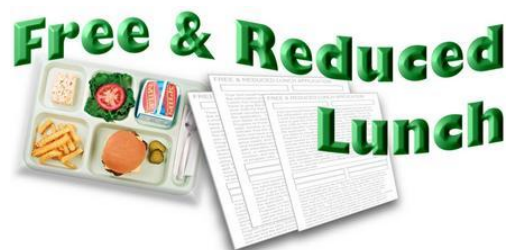
ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐ Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____



Approved Applications

□ Must notify households via one of the following:

- Email
- Writing
- Verbal

Attachment G

NOTICE OF APPROVAL OR DENIAL

STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear [Name of Parent]:

☐ Your application has been approved for free meals.

☐ Your application has been approved for reduced price meals.

The cost of reduced price meals are as follows:

Lunch: _____ Breakfast: _____

☒ Your application for free or reduced price meal benefits for your child(ren) has been denied for the following reason:

_____ The application is incomplete as shown below:

_____ Total Household Income

_____ Names of all household members

_____ Signature of adult household member

_____ Last four digits of social security number of adult household member signing the application or mark the "I do not have social security number" box

_____ Income too high for household size

_____ Other: _____

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing [Name and title of Hearing Official].

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Sincerely,

[Signature, name and address of Determining Official]

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities). If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf/hard of hearing may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Toll-free). Information may be provided and employer.

Attachment G



Denied Applications

- Must be provided with written notification of the denial for applications that were found incomplete or did not meet the eligibility criteria for benefits
 - Via mail or e-mail to the adult household member who signed the application
- Written notice
 - Reason
 - Right to appeal and instructions
 - Ability to re-apply at anytime during the school year

Attachment G

Right to Appeal

- A household may appeal the denial or level of benefits for which it has been approved
- Must follow the hearing procedures outlined in the policy statement and Program regulations – 7 CFR 245.7
- Hearing Official
 - Conducts a hearing and makes a decision if a household makes an appeal
 - Must be in a position higher than the determining official
 - Must not be connected with the approval or verification process.



Independent Review of Applications

Required for LEAs with Application Error Rate $\geq 10\%$

- List is published by DESE FNS
- Second review of applications :
 - eligibility determination made correctly
 - application is complete (SSN, household names, signature, etc.)
 - the master list or roster of children's names correctly records their eligibility
- Must be done before the household is notified of eligibility
- Must not result in the delay of an eligibility determination
 - required to notify households of the child's eligibility determination within 10 operating days of receiving the application



Benefit Issuance (BI)

Master List/Benefit Issuance List- once eligibility is determined this list is created to indicate students eligible for school meals

The list should include:

1. Student name
2. Application number (best practice)
3. Grade
4. Eligibility
5. Date of eligibility
6. Approval reason (income, DC, Foster)
7. Status Change: date of change, eligibility, reason, withdrawal date

A “live” document that provides history of eligibility information over the entire year.



Point of Service Document

- Listing of currently eligible students that is used by food service staff at the point of service
 - roster
 - checklist
 - computerized list
- Updated from the Master BI list in a timely fashion to ensure the POS document has correct eligibility status for each student
- Listed in a form that prevents Overt Identification



MO HealthNet

- Missouri Senate Bill 583-2010
 - Public and Charter LEAs
 - Non-public LEAs are encouraged to participate, but not required
 - RCCIs are excluded from this requirement



MO HealthNet – LEA Responsibilities

- Provide the Request for Information form
- If the Request for Information form is returned and checked **NO**
 - Send the family the MO HealthNet letter
- Keep all forms that are returned to LEA
 - Separate the **NO** and the **YES**



Request for Information Form

Attachment K

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

- Form sent with ALL F/R applications



MO HealthNet forms



ATTACHMENT H

DOES YOUR CHILD NEED HEALTHCARE COVERAGE?

MO HealthNet for Kids may be the answer

MO HealthNet for Kids provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines.)

Who Is Eligible?

A child:

- who is under age 19;
- who applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration); and
- whose countable family income meets the income guidelines.

NOTE: The parent/caretaker must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support.

TYPES OF COVERAGE AVAILABLE:

MO HealthNet for Kids Non-SCHIP

- 196% FPL for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (SCHIP) Non-Premium

- family gross income over 148% FPL up to 150% FPL;
- must be uninsured

MO HealthNet for Kids (SCHIP) Premium

- family gross income over 150% FPL up to 300% FPL;
- they are uninsured for 6 months; effective: 7/1/14 uninsured for 3 months;
- children in families with gross income over 150% FPL without access to affordable health insurance (from \$74 to \$185 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage.

Apply on line at www.mydss.mo.gov by choosing the "Apply for Health Benefits" option or request an application from 1-855-FSD-INFO.

(If applying online please email us at cole.mhnpolicy@dss.mo.gov subject line "School" to let us know to watch for your application.)

10-4 50552 REVISED 05/05/2014

INCOME GUIDELINES EFFECTIVE APRIL 1, 2014

Children under age 1 at 196% of the federal poverty level:

Family Size	Income Limit*
1	\$1907
2	\$2570
3	\$3233
4	\$3896
5	\$4559

Children ages 1-18 at 148% of the federal poverty level:

Family Size	Income Limit*
1	\$1440
2	\$1941
3	\$2441
4	\$2942
5	\$3443

150% of the federal poverty level:

Family Size	Income Limit*
1	\$1459
2	\$1967
3	\$2474
4	\$2982
5	\$3489

300% of the federal poverty level:

Family Size	Income Limit*
1	\$2918
2	\$3933
3	\$4948
4	\$5963
5	\$6978

*If appropriate the Federal Poverty level changes in April.

Attachment L

Must send form if a family responds "NO".



MO HealthNet for Kids Data Collection form

- ❑ Complete the MO HealthNet for Kids Data Collection form
- Return Collection form to DESE FNS (usually the end of November)
- If information is updated after the initial due date, submit a revised form to DESE FNS

Attachment M

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES - FOOD AND NUTRITION SERVICES MO HealthNet for Kids Data Collection as per: Section 208.658 RSMo		
LOCAL EDUCATION AGENCY (LEA):		AGREEMENT NUMBER:
LEA CONTACT:	PHONE NUMBER:	INITIAL DUE DATE: *November 30, 2014
DIRECTIONS: Mail or fax the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 Fax to: (573) 526-3897 * Note: If information is updated after the initial due date, submit a revised form. Questions: Contact Food and Nutrition Services at (573) 751-3526		
1. _____ Number of families who indicated the absence of healthcare insurance on the "Request for Information" form. (Attachment G1)		
2. _____ Number of families who received the "Does Your Child Need Healthcare Coverage?" form provided by the Department of Social Services. (Attachment H)		
<p>Section 208.658, RSMo, as a result of the passage of Senate Bill 583 in 2010 requires the Department of Elementary and Secondary Education, in collaboration with the Department of Social Services, report annually on the students receiving free and reduced lunches; those students who do not have health insurance; those students who receive information on the state children's health insurance program as required under Section 208.658; and those students who, after receiving information on the state children's health insurance program, apply to the state children's health insurance program.</p>		
<small>The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible to persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance (Title IX/Title 10/ADA/AAC/Age Act), 8th Floor, 325 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480. Telephone number: 573-526-4797 or TTY: 800-735-2266. email: ada@doe.mo.gov</small>		
<small>MO 800-0759 (Rev. 05/14)</small>		

Sharing Information Form

Attachment N

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced price meals.

- ☐ No! I DO NOT want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with [name of program specific to your school].
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with [name of program specific to your school].
- ☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with [name of program specific to your school].

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call [name] at [phone].

Return this form to [address] by [date].

Sharing Information with Other Programs

- May be used to obtain parental permission to disclose eligibility information.

Recipient of Information	What May be Disclosed	Requirements
Programs under the National School Lunch Act or Child Nutrition Act	All eligibility information	Prior notice and consent not required
Federal/State or local means tested nutrition programs with eligibility standards comparable to the NSLP	Eligibility status only	Prior notice and consent not required
Federal education programs	Eligibility status only	Prior notice and consent not required
State education programs administered by a State agency or local education agency	Eligibility status only	Prior notice and consent not required
Local education programs	NO eligibility information, unless parental consent is obtained	Parental consent
Medicaid or the State Children's Health Insurance Programs (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act to identify and enroll eligible children	All eligibility information unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information disclosed
State health programs other than Medicaid/SCHIP, administered by a State agency or local education agency	Eligibility status only	Prior consent not required
Federal health programs other than Medicaid/SCHIP	NO eligibility information, unless parental consent is obtained	Parental consent
Local health program	NO eligibility information, unless parental consent is obtained	Parental consent
Comptroller General of the United States for purposes of audit and examination	All eligibility information	Prior notice and consent not required
Federal, State, or local law enforcement	All eligibility information	Prior notice and

See page 83 in the Eligibility Manual.

- Chart shows circumstances for disclosing eligibility information

Questions

<http://dese.mo.gov/financial-admin-services/food-nutrition-services>

Email: Barbara.shaw@dese.mo.gov

Phone: 573-751-1920

Email: Ellen.rees@dese.mo.gov

Phone: 573-751-6638

FOOD AND NUTRITION SERVICES

RECORDS 2: VERIFICATION

Presented by:
Barbara Shaw and Ellen Rees
Nutrition Program Specialist



Verification

Verification

- Verification is confirmation of eligibility for free and reduced price meals under the National School Lunch Program and School Breakfast Program.
- Verification must include either confirmation of income eligibility or confirmation that the child is included in a certified Food Stamp household or Temporary Assistance unit.



Verification

- Not required for:
 - **Directly Certified** students
 - Students certified as homeless, runaway, migrant, Head Start, Early Head Start, and Foster Children on list provided by Missouri Dept. of Social Services
 - **RCCIs** without day students
 - LEAs operating district-wide **CEP**
 - LEAs operating district-wide **Provision 3 not in the base year**
 - Schools operating non-pricing programs claiming only the paid rate or reimbursement
 - Schools participating in only Special Milk Program

Even if not required to perform verification, RCCIs, CEP & Provision Schools are still required to complete the Verification Report.

Verification Dates



Date	Action	Comment
October 1 st	Count approved free & reduced price applications subject to verification*	This is your sample pool which is used to determine sample size.
Last operating day in October	Count the approved free & reduced price students on applications subject to verification*	This number is needed to complete the verification report, but is not used during the verification process
November 15 th	Verification Process must be completed	Any extension must be approved by DESE FNS
December 15 th	Verification Report Due in Web Applications System	Must not be completed earlier than the Last operating day in October.

** The number of applications subject to verification on the last day of October could be different than on October 1st if a student was directly certified between these dates. If this is the case, please include in the comments when submitting the Verification Report.*



Establishing the Sample Pool

- Count the approved free and reduced applications as of October 1st
 - The pool is based on the number of applications, not the number of students
- Do count:
 - Approved Free and Reduced applications based on income
 - Approved Free applications based on SNAP/TANF Case number on the application
 - Foster child application without supporting document
 - “Mixed Households” which include children who are eligible based on income and others based on Other Source Categorical Eligibility (Foster, Homeless, Migrant, etc.)



Establishing the Sample Pool

- Do **NOT** count:
 - Applications with students who have been Directly Certified
 - Students certified as homeless, runaway, migrant, Head Start, Early Head Start, and Foster Children on list provided by Missouri Dept. of Social Services
 - Denied Applications
 - Denied based on income
 - Denied because incomplete



Establishing the Sample Size

- Sample Size – The number of applications that must be verified
- There are 3 available sample sizes
 - Standard Sample Size
 - Error-prone
 - Alternate One (*most LEAs qualify for and use*)
 - Random
 - Alternate Two
 - Focused



Sampling Method Summary

Standard Sampling

Used by new LEAs and those with $\geq 20\%$ Non-response Rate

- Verify 3% of applications
- Select from error-prone applications

Alternate One (Random Sampling)

Can be used by LEAs with $< 20\%$ Non-response Rate

- Verify 3% of applications
- Select applications randomly

Alternate Two (Focused Sampling)

Can be used by LEAs with $< 20\%$ Non-response Rate

- Verify 1% of applications, selected from error-prone applications
- PLUS 0.5% of case number applications

ERROR PRONE means applications within \$100 per month of the applicable Income Eligibility Guideline



Establishing the Sample Size

- Standard Sample Size
 - Required for LEAs that had a non-response rate of 20% or more from the prior year
 - A list is published by DESE FNS each year
 - 3% of approved applications (rounded up), selected from error prone applications;
 - **OR** 3,000 error prone applications
 - If there are not enough error-prone applications, additional applications must be randomly selected



Establishing the Sample Size

□ Alternate One

- LEA must have a non-response rate of less than 20% the prior year
- Verify 3% of approved applications (rounded up), selected at random;
- **OR** 3,000 applications, selected at random
- Most LEAS are qualified for and use Alternate One



Establishing the Sample Size

□ Alternate Two

■ Either of the following:

- 1% of approved applications (rounded up), selected from error prone applications; or
- 1,000 error prone applications
- Include applications with income and case numbers

■ **PLUS** the lesser of the following:

- 500 approved applications with Case Numbers in lieu of income
- 0.5% of approved applications with Case Numbers in lieu of income



Establishing the Sample Size

Additional Verification practices....

- All fractions or decimals are rounded upward to the nearest whole number. At least one application must always be verified
- Verification for cause is not included in the sample size – it is done in addition to the required sample size
 - Verification report: VC-1
- LEAs must not verify more or less than the sample size and must not verify 100% of applications (*unless there is only 1 application*)



Example Calculations

Example District

1100	Income Applications • 62 of them are error-prone
72	Case Number Applications
2	Foster Applications
1174	Total Applications

- **Standard Sample Size Calculations**
 - *Calculate 3% of total applications:*
$$1174 \times 0.03 = 35.22$$
 - *Always round UP*
 - 36 Applications, selected from error-prone applications



Example Calculations

Example District

1100	Income Applications <ul style="list-style-type: none">• 62 of them are error-prone
72	Case Number Applications
2	Foster Applications
1174	Total Applications

□ Alternate 1 Sample Size Calculations

■ *Calculate 3% of total applications:*

$$1174 \times 0.03 = 35.22$$

■ *Always round UP*

■ 36 Applications,
Selected randomly



Example Calculations

Example District

1100	Income Applications • 62 of them are error-prone
72	Case Number Applications
2	Foster Applications
1174	Total Applications

□ Alternate 2 Sample Size Calculations

- *Calculate 1% of total applications:*

$$1174 \times 0.01 = 11.74$$

(Always round UP)

- 12 Applications, Selected from error-prone

- *Calculate 0.5% of case number applications:*

$$72 \times 0.005 = 0.36 \text{ (Round UP)}$$

- 1 Case # application

□ **Total:**

12 error-prone + 1 Case # application



Confirmation Review

- Prior to any verification activity, a confirming official must review each application selected for verification to ensure that the initial determination was accurate
- **Confirming official**
 - **Must be different from the determining official**
 - **Sign the application to document confirmation review was conducted**
- This requirement can be waived if the LEA uses a technology-based system that demonstrates a high level of accuracy in processing an initial eligibility determination. LEAs must contact the State Agency



Confirmation Review

Result of Confirmation Review	Action
No change in status	LEA proceeds with verification
Change from reduced to free (<i>increased benefits</i>)	LEA increases benefits immediately, notifies the household of changed benefits, proceeds with verification
Change from Free to Reduced (<i>decreased benefits</i>)	LEA does not change benefits and verifies the application. If free status is verified, LEA does not notify the household. If status changes, the household is sent a notice of adverse action
Change from Free or Reduced to Paid (<i>decreased benefits</i>)	LEA immediately sends household notice of adverse action, does not verify the application, selects a similar application for verification, and conducts confirmation review of newly selected application



Replacing Applications

- After completing the confirmation reviews, the LEA may on a case-by-case basis replace up to 5% of applications selected
 - When the LEA believes that the household would be unable to satisfactorily respond to the verification request
 - Application must be replaced with an application selected on the same basis (ex. error-prone)
 - Newly selected application must have a confirmation review
 - If 5% is less than 1, one application may still be replaced.
 - All results of the 5% calculation are rounded up



Direct Verification

Verification Using Agency Records aka “Direct Verification”

Direct Verification ≠ Direct Certification

- ❑ Not required by the LEA
- ❑ May be used with applications approved based on Case Number
- ❑ Prior to contacting household
- ❑ Records for one month, at any point in time between 180 days prior to application and verification ; OR
- ❑ Records for all months from the month prior to the application through the month of verification
- ❑ Proceed with regular verification activities if documentation from agency doesn't verify eligibility
- ❑ Verification Report: section 5-7; do not report in 5-8



Verification

- Contact the household
 - Letter must contain required information
 - Example in Verification Manual, “Letter to Households”

Letter to Households
Notification of Selection for Verification of Eligibility

[Date]

[student name], [school name]

Dear [parent/guardian name]:

This letter requires that you send information or contact [school official name] by [date].

Your child's application has been selected as part of a review to make sure only eligible students receive free or reduced price meal benefits.

You must send: (1) papers that show you receive, or received at any point in time between the month prior to application and the date above, Food Stamps or Temporary Assistance for your child **or** (2) papers that show your household's income from any point in time between the month prior to application and the time income documentation is required.

We have enclosed information that shows the kinds of papers that you may use to prove that you receive(d) Food Stamps or Temporary Assistance for your child or to show your household's income. If possible, do not send original papers. If you do send original documents, they will be sent back to you only if you ask.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by [the date above], these meal benefits will be stopped.

If you have any questions, or if you need any help, please call [school official name and phone number].

If you do not hear from us by [date], free or reduced price meals will continue without change.

Thank you for your cooperation in this matter.

Sincerely,

[signature of school official]

Enclosure (Verification Information for Free and Reduced Price Meals)

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or on all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Form 1027-1, Complaint](#), and mail it to: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at protections.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 645-6136 (toll-free). USDA is an equal opportunity provider and employer.



Verification

- Sources of responses to verification
 - Written Evidence
 - Collateral Contacts (outside of household)
 - Agency Records
 - Pay Stubs
- No Income
 - Must request an explanation of how living expenses are met
 - May request additional written documentation or collateral contacts.



Verification

□ No Response

- LEA must make at least one follow-up attempt to contact the household
- Inform the household that failure to provide required information will result in termination of benefits
- Unable to verify the household's eligibility status after the follow-up attempt(s), the household's benefits must be terminated through a written notice of adverse action



Notice of Adverse Action

- ❑ All households for whom benefits are to be decreased or terminated **MUST** be given **10 calendar** days advance notice of the change
- ❑ The first day of the advance notice period is the day the notice is sent
- ❑ The notice **MUST** include all required information
 - ❑ Attachment in Verification manual

Letter of Verification Results and Adverse Action for Income Households

(Note: Make changes as applicable for the School Breakfast Program)

[Date]

[student name], [school building name]

Dear [parent/guardian name]:

We have completed verification of your child(ren)'s eligibility.

Starting on [insert date 10 days from the date sent – date notice was sent counts as the first day] your child(ren)'s eligibility for meals benefits will be:

☐ Changed from free to reduced price because your income is over the allowable amount.
The reduced price charge is [charge for lunch] for lunch and [charge for breakfast] for breakfast.

☐ Stopped for the following reason(s):

☐ Your income is over the allowable amount for free or reduced price meals;

☐ You did not provide proof of eligibility. The following information is missing:

Starting immediately your child(ren)'s eligibility for meal benefits will be:

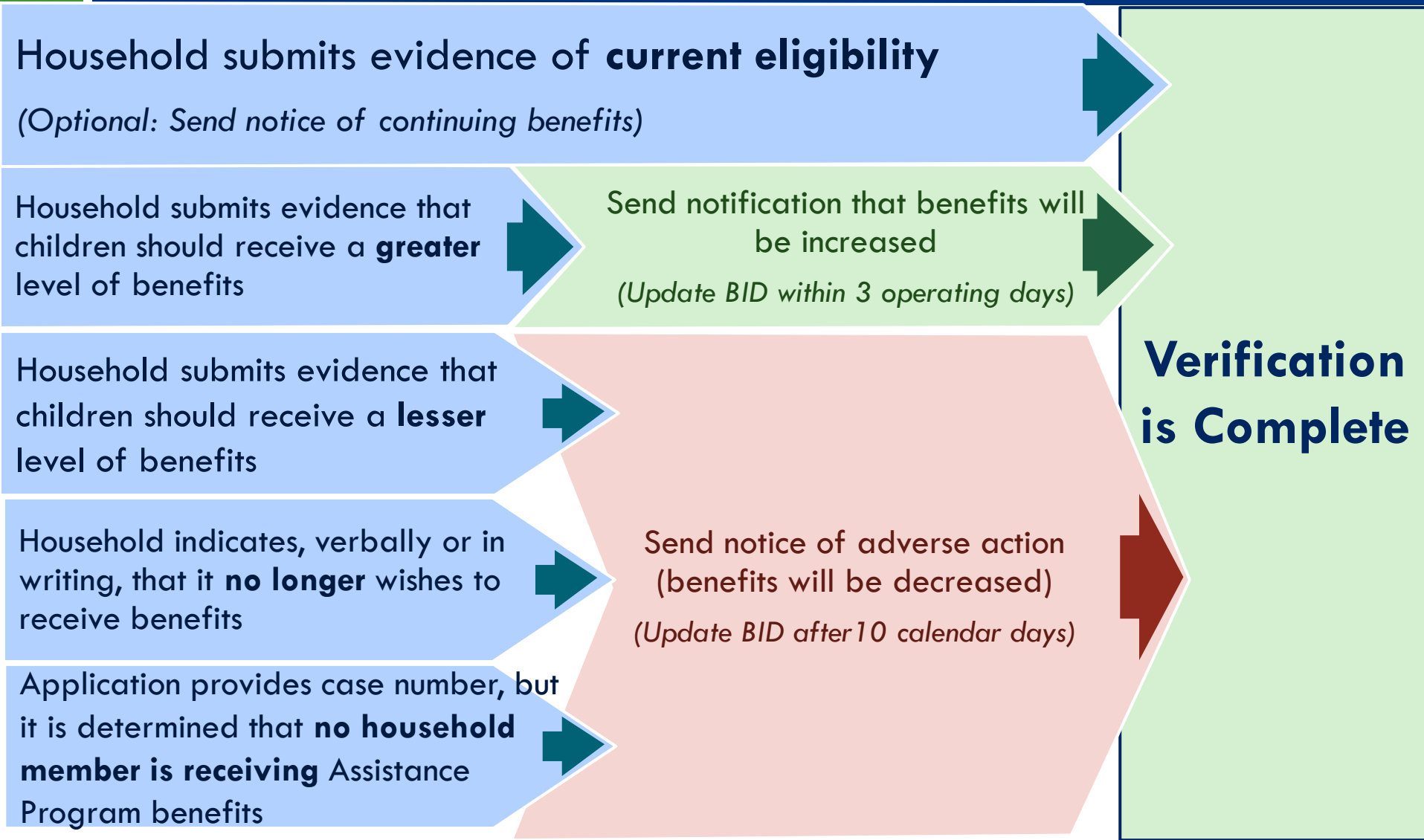
☐ Changed from reduced price to free because your income is within the free meal eligibility limits.
Child(ren) will receive meals at no cost.

If you are not eligible for benefits now, but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with [school official]. You also have the right to a fair hearing. If you request a hearing by [date] your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a fair hearing by calling or writing [school official] at [phone number] or [address]:

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Verification Complete



Verification for Cause

- Verification of questionable applications
 - Used as a way to address integrity concerns
- If an application is complete, it must be approved at face value
- Determining officials are strongly encouraged to contact households to clarify unclear or questionable information prior to verifying for cause



Right to Re-apply

- Households have the right to re-apply at any time during the school year
- If benefits to a household have been decreased because of failure to complete verification:
 - Required to submit documentation if they re-apply in the same year
 - Income documentation
 - Proof of participation in Assistance Programs
 - If benefits were terminated because they weren't participating in an Assistance Program,
 - complete new income application
 - must provide evidence of current household income





Verification USDA-742 Report

Reporting Verification

The Verification Report is available in the Food and Nutrition Services Web Application system. Click on the Applications Tab.



Reporting Verification

Select Verification Report.



School Nutrition Programs

Missouri Department of Elementary & Secondary Education

Applications | Claims | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > School Year: 2010 - 2011

Item	Description
Application Packet	Applications and Agreement Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Food Safety Inspections	Number of Food Safety Inspections by Site
Financial Report	School Food Annual Revenues and Expenditures Report



Reporting Verification



Section 1: Total Schools and students as of the last operating day in October

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools OR Institutions	B. Number of Students
1-1 Total schools (Do not include RCCIs):	5	2,055
1-2 Total RCCIs (Do not include schools counted in 1-1):	0	0
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):	0	0
1-2b RCCIs with NO day students:	0	0



Reporting Verification

Section 2: Report alternate provisions

Section 2 - SFAs with schools operating alternate provisions

Only SFAs with alternative provisions (Provision 3, Provision 2 breakfast, and CEP) must report Section 2. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP <u>and</u> SBP:	0	0
2-2 Operating Provision 2/3 in a NON BASE year for NSLP <u>and</u> SBP:	0	0
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		0
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		0
2-3 Operating the Community Eligibility Provision (CEP):	0	0
2-4 Operating other alternatives for NSLP and SBP:	0	0
2-5 Operating an alternate provision(s) for only SBP or only NSLP:(Provision 2 breakfast)	0	0

- Only SFAs with alternative provisions (**Provision 3, Provision 2 Breakfast, and CEP**) must report Section 2
- As of the last operating day in October



Reporting Verification

Section 3: Report students approved as FREE eligible NOT subject to verification

Section 3 - Students approved as FREE eligible NOT subject to verification

All SFAs must report Section 3 or check box 3-1 if applicable. Report students approved FREE eligible as of the **last operating day in October**.

3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 for all schools) ☐

3-2 **Students directly certified through Supplemental Nutrition Assistance Program (SNAP):**

3-3 **Students directly certified through other programs:** Include those directly certified through Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. **DO NOT include SNAP students already reported in 3-2.**

B. Number of FREE Students

755

12



- Directly certified Students
- As of the last operating day in October



Reporting Verification

Section 4: Report students approved as free or reduced price eligible through a household application

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE Eligible. Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application)	21	40
4-2 Approved as FREE eligible. Based on household size and income information.	172	330
4-3 Approved as REDUCED PRICE eligible. Based on household size and income information.	89	155
T-1 Total FREE Eligible Students Reported		1137
T-2 Total REDUCED PRICE Eligible Students Reported		155

- (A) Number of applications as of October 1st
- (B) Number of students As of the last operating day in October



Reporting Verification

■ Section 5

Section 5

ALL SFAs must report Section 5 or check box 5-1 if applicable

5-1 Check the box if ALL schools and/or RCCIs are exempt from verification, or ALL schools are Provision schools in a base year.

If 5-1 is checked, no further reporting in Section 5 is required.

5-2 Was verification performed and completed?

- ☒ Yes, completed by November 15th
- ☐ Yes, completed after November 15th
- ☐ No, verification was NOT performed or the process was not completed

5-3 Type of Verification process used:

- ☒ Standard (Lesser of 3% or 3,000 error-prone)
- ☐ Alternate one (Lesser of 3% or 3,000 selected randomly)
- ☐ Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)

5-4 Total ERROR PRONE applications: Report all applications as of October 1st considered error prone. (Include all error prone verified and error prone non-verified applications)

5-5 Number of applications selected for verification sample:

ALL SFAs must report 5-7 or check box 5-6 if applicable.

5-6 Check the box if direct verification was not conducted in the SFA, (i.e. not one of the schools and/or RCCIs in the SFA performed direct verification). If 5-6 is checked, skip 5-7 (Direct Verification is the process of submitting students names to the local Social Services office to verify eligibility).

5-7 Confirmed through direct verification: Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th.

A. Number of Applications

1

B. Number of Students

3

5-2: If completed after November 15th, attach Corrective Action

5-4: Include all error-prone verified and error-prone non-verified applications

If 5-6 is not checked, then 5-7 must be completed.

Reporting Verification

■ Section 5 - *continued*

5-8 Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7A or 5-7B (direct verification applications and students).

Result Category	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		B. FREE-Income Certified as FREE based on income/household size application		C. REDUCED PRICE-Income Certified as REDUCED PRICE based on income/household size application	
	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
1. Responded, NO CHANGE:	0	0	2	6	0	0
2. Responded, Changed to REDUCED PRICE / FREE:	REDUCED PRICE		REDUCED PRICE		FREE	
	0	0	0	0	3	7
3. Responded, Changed to PAID:	0	0	0	0	0	0
4. NOT Responded, Changed to PAID:	0	0	3	4	0	0

5-8 Report results of Verification

Applications verified for cause (in addition to verification requirement)

VC-1 Total questionable applications verified for cause (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

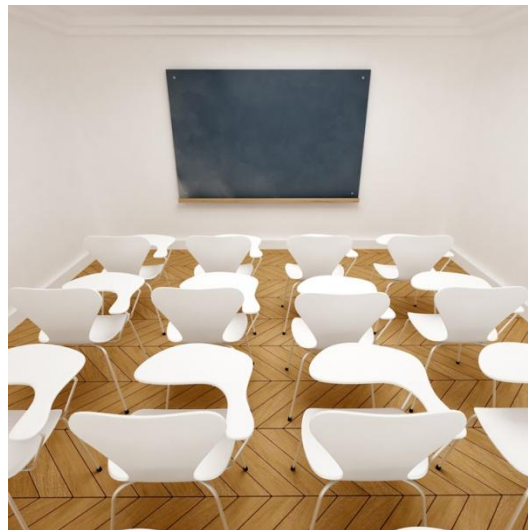
N/A

Verification Process

1. Establish the sample pool (*approved applications as of Oct. 1st*).
2. Establish the sample size (*Calculate the number of applications that must be verified*).
3. Select the applications for verification.
4. Conduct Confirmation Review.
5. Notify households of selection for verification; and/or conduct Direct Verification.
6. Examine documents.
7. Notify households of continued benefits or changes in benefit level. (*Verification must be completed by November 15th*.)
8. Update Benefit Issuance Document/Point of Service. If benefits decrease, update 10 calendar days after notice of adverse action.
9. Complete and submit the LEA Verification Collection Report on Web Applications by December 15th.

Verification Guidance

- *Verification Guidance* will be updated. Located under Handbooks on the Food and Nutrition Services website - <http://dese.mo.gov/financial-admin-services/food-nutrition-services/handbooks>
- *USDA's Eligibility Manual for School Meals* is also located under Publications and provides guidance for verification.
- Emails to Authorized Representatives of the program will also be sent.



Record Retention

- All free and reduced price applications, including applications from households denied benefits and inactive applications, must be kept on file for a minimum of three (3) years after the final claim is submitted for the fiscal year to which they pertain.
 - ▣ Applications may be maintained at the school or at a central location
 - ▣ Benefit Issuance document must be retained at each site
 - ▣ Applications must be readily retrievable by school
 - ▣ Must ensure that any changes in eligibility status and transfers in and out of the school are accurately and promptly recorded on each school's list
 - ▣ Always have a current roster
 - Free, reduced price, paid, direct cert, verification



Record Retention

□ Provision 2 or 3

■ Must retain base year records

- Used in the establishment of the claiming percentages which support subsequent years' reimbursement
- Entire period the special provision is in effect, including all extensions
- Include documentation of the verification activities from the base year

■ When beginning Provision 2 or 3, must get State Agency approval

- Form available on DESE FNS website

■ At the end of the base year, must submit percentages to DESE

- Form available on DESE FNS website



Record Retention

- Community Eligibility Provision (CEP)
 - Must retain base year records used in the development of the Identified Student Percentage (ISP)
 - Must retain all records from the year any updates are made to the ISP during the entire period the CEP is in effect
 - Must retain records during the entire period the Provision is in effect



Records Retention

All other Provision 2 or 3 and CEP records must be retained for three (3) years after submission of the final claim for reimbursement

□ Best Practices



Questions

<http://dese.mo.gov/financial-admin-services/food-nutrition-services>

Email: Barbara.shaw@dese.mo.gov

Phone: 573-751-1920

Email: Ellen.rees@dese.mo.gov

Phone: 573-751-6638